



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Developmental Disabilities Administration (DDA)

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Contribution to Cost of Care Procedural Changes

Transmittal #: DDA2014010

Effective Date: 07/01/2014

CONTENTS

Audience	1
Purpose	1
Overview	1
Post Eligibility Financial Requirement	2
Modified DDA Calculation of Contribution to Cost of Care.....	3
Clarification of Allowance Terminology	3
Medical and Remedial Care Expenses	4
Income Changes.....	4
Separation of Room & Board Costs from the PCIS2 Contribution Amount	4
Responsibility for Calculating Contribution to Cost of Care.....	5
Uncollectible CTC Funds	5
PCIS2 CTC Form Instructions	6
Timeline to Complete CTC Form	6
Accessing the Form	6
PCIS2 Contribution to Cost of Care Screenshots	7
CTC Form Instructions	8
Reports.....	11

AUDIENCE

- Residential Service Providers
- Resource Coordinators
- Eligible participants receiving residential services

PURPOSE

The DDA has revised the contribution to cost of care (CTC) calculation, and its applicability to better align with federal regulations. This procedural guidance details the steps that must be taken by providers beginning by July 1, 2014, to calculate and collect contribution to cost of care from residential participants.

OVERVIEW

Below is a summary chart listing the steps in the current process that have changed or will change.

Table 1: List of Before and After Changes to the PCIS2 Cost of Care Form	
Prior to 7/1/2014 Process and Requirements	New Process Requirements
The current form offers distinct calculations of contribution to care for SSI and Non-SSI recipients	The revised form only requires a calculation of CTC for optionally eligible individuals. ➤ Categorically Eligible individuals are not required to contribute to their cost of care. ➤ At this time, the state will not collect cost of care from ineligible individuals.
Through the PCIS2 CTC form, the DDA calculated an individual's contribution to their Room & Board costs as part of the overall contribution to cost of care	The DDA will not determine room and board costs for individuals. The field for an individual's direct contribution to room & board in the PCIS2 CTC form will be eliminated. Providers are responsible for collecting Room & Board up to \$375.
The Earned Income Disregard of \$85 and then a 50% reduction in remaining earned income deduction is applied to encourage employment	Converts the Earned Income Disregard of \$85 and 50% reduction in remaining earned income from an income deduction to an increase in the individual maintenance allowance. The financial impact to countable income will remain the same.
Allowable deductions for work expenses and premiums	Eliminates deductions for work expenses and premiums
No dedicated field for family maintenance allowance	Maintenance allowance for individuals with dependents based upon the medically needy income standard for a family of the same size
No dedicated field for medical and remedial care expenses outside of the State's Medicaid Plan. Providers were only able to deduct these expenses if the individual had earned income	Allows deductions for medical and remedial care expenses, not subject to payment by a third party
Deduction for an individual's direct contribution to room and board costs	Eliminates the deduction for an individual's direct contribution to room and board costs, since the form is calculating contribution to cost of care

POST ELIGIBILITY FINANCIAL REQUIREMENT

The "post eligibility financial requirement" is the formal terminology used in Medicaid regulations and guidance for an individual's contribution to cost of care. The DDA has revised the applicability of the post eligibility financial requirement to certain waiver eligible groups. In accordance with 42 CFR §441.303(e), contribution to cost of care must be completed when the State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217. In the context of the Home and Community Based Services (HCBS) waiver program, Medicaid eligibility determination results in the following three eligibility categories:

1. **Categorically Eligible:** waiver coverage groups that include individuals who are eligible for Medicaid under community rules, without regard to whether they are institutionalized (e.g., SSI beneficiaries).
 - a. Includes all waiver coverage groups except H01 and S01 (i.e. S02, S98)
2. **Optionally Eligible:** waiver coverage groups that include individuals who would not be eligible for Medicaid except in an institutional setting (e.g., the special income level group). Also known as the "special home and community-based services waiver eligibility group."
 - a. Includes waiver coverage groups H01 and S01
3. **Ineligible:** individuals who are not eligible for the HCBS waiver program

a. No waiver coverage group

The DDA will not collect contributions from individuals who are categorically eligible, but will collect contributions from individuals who are optionally eligible.

Contribution to cost of care is only applicable to individuals in the waiver and at the current time, contribution to cost of care will not be collected from ineligible individuals, who are not enrolled in the waiver. The DDA is in the process of developing policy and regulation regarding non waiver individuals that includes the applicability and calculation of contribution to cost of care.

MODIFIED DDA CALCULATION OF CONTRIBUTION TO COST OF CARE

The DDA has modified the cost of care calculation to better align with federal waiver regulations. Maryland's 1915 (c) HCBS waiver, Community Pathways, describes Maryland's calculation for determining an individual's post-eligibility treatment of income in Appendix B-5, which states that "The State uses the post-eligibility rules at 42 CFR 435.726 for individuals who do not have a spouse or have a spouse who is not a community spouse." According to Title 42 Code of Federal Regulations §435.726, the DDA *'must reduce its payment for home and community-based services provided to an individual, by the amount that remains after deducting the amounts listed below, in the following order, from the individual's total income, including amounts disregarded in determining eligibility.'*

A) An amount for the maintenance needs of the individual

- 1) The individual maintenance needs allowance formula has been revised in the DDA's HCBS waiver: "For each waiver year, the monthly maintenance needs allowance is reviewed and adjusted based on Social Security Income (SSI) Federal Benefit Rates:
 - i) For waiver participants in residential programs, the monthly maintenance needs allowance for a waiver participant is calculated at 100% of the current SSI FBR plus an \$85 Earned Income Deduction plus 50% of the remainder of earned income
 - ii) For waiver participants in non-residential programs, the monthly maintenance needs allowance is 300% of the current SSI FBR"

B) For an individual with a family at home, an additional amount for the maintenance needs of the family (dependents, not spouses)

- 1) The current medically needy income standard established under § 435.811 for a family of the same size

C) Amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party, including

- 1) Medicare and other health insurance premiums, deductibles, or coinsurance charges; and
- 2) Necessary medical or remedial care recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits that the agency may establish on amounts of these expenses
- 3) The State of Maryland will exclude expenses older than three months prior to the month of application for initiation of services

Once contribution to cost of care has been determined, this amount must be collected and applied towards the individual's cost of care. At this time, the provider collects the contribution and the DDA will deduct this amount from the payment to the provider.

CLARIFICATION OF ALLOWANCE TERMINOLOGY

The Personal Needs Allowance (PNA) is a term that is interchangeably used in health and human services when discussing individuals who receive services in institutional settings and for individuals who receive home and community based services. However, the correct term for the allowance for the needs of the individual for participants in the HCBS waiver is the "Individual Maintenance Allowance." The amount established for the individual maintenance allowance is usually higher

than a PNA to account for an individual's expenses while living in the community as opposed to an institutional facility. The individual maintenance allowance, as explained in the 1915(c) HCBS Waiver technical guide, "is the amount of income from which the participant will provide for her/his everyday living expenses (e.g., rent, food, and other living expenses)."

MEDICAL AND REMEDIAL CARE EXPENSES

Receipts and other forms of documentation of incurred medical and remedial care expenses for **optionally eligible individuals only** should be sent to Maryland's Eligibility Determination Division (EDD). Since contribution to cost of care is not applicable to categorically eligible and ineligible individuals, documentation for medical and remedial care expenses do not need to be submitted for these populations. The effective date of the interim CTC procedures was January 1, 2014; therefore, medical and remedial care expenses calculations need to be submitted for previous months beginning on January 1, 2014.

When sending this information, please use Form OES-001, "Request for Non-Covered Services." This form is attached as an appendix to this guidance. It can also be found at: <https://mmcp.dhmf.maryland.gov/longtermcare/docs/OES-001.pdf>. When reporting changes, information should be sent by mail to EDD on a person-by-person basis with the attached forms, and evidentiary documentation. The address to submit information to EDD is:

DHMH Eligibility Determination Division
6 St. Paul Street, Suite 400
Baltimore, Maryland 21202

Considerations for Allowable Deductions:

- Premiums, deductibles, and co-insurance/co-payment charges for health insurance and Medicare premiums
- Necessary medical care recognized under state law, but not covered under the state's Medicaid plan;
- Necessary medical care covered under the state's Medicaid plan incurred prior to Medicaid eligibility
- As long as the incurred medical expenses:
 - Were not incurred more than three months before the month of the Medicaid application;
 - Are not subject to third-party payment or reimbursement
 - Have not been used to satisfy a previous spend down liability
 - Have not previously been used to reduce excess resources
 - Have not been used to reduce client responsibility toward cost of care
 - Are amounts for which the client remains liable

INCOME CHANGES

As outlined in an individual's eligibility letter, changes that affect an individual's eligibility, such as changes in income and assets, must be reported to the participant's EDD eligibility case worker within ten (10) days of the change. When submitting this information to EDD, please use Form DHR/FIA 491, "Change Report Form." This form is attached as an appendix to this guidance. It can also be found at: <http://dhr.maryland.gov/documents/SHINE/SHINE%20Forms/Change%20form.pdf>

When reporting changes, information should be sent by mail to EDD on a person-by-person basis with the attached forms, and evidentiary documentation. Use the same address as above.

SEPARATION OF ROOM & BOARD COSTS FROM THE PCIS2 CONTRIBUTION AMOUNT
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Historically, the PCIS2 contribution to cost of care calculation included room & board costs. This reduced clarity around contribution to care amounts and resulted in the over claiming of federal revenue. With the new contribution to cost of care process and form, the cost of care calculation is separate from room and board costs. What is calculated by PCIS2 represents only the cost of care. Room and board payments should be collected in addition to the cost of care amount in PCIS2. The billing and collection of room & board costs will remain solely the providers' responsibility.

Room & board costs are not a deduction to an individual's contribution to care. The expense of room & board is incorporated into the calculation of an individual's maintenance allowance, as explained in the previous section. Consequently, there is no protection of an individual's personal income from room & board costs. Examples with the room and board limit of \$375:

- A. If an individual has \$500 of personal income, the provider can collect up to \$375
- B. If an individual has \$375 of personal income, the provider can collect up to \$375

Please refer to DDA's "Room and Board Procedural Changes" guidance, for detailed descriptions and procedures regarding the room and board costs.

RESPONSIBILITY FOR CALCULATING CONTRIBUTION TO COST OF CARE

Given the requirement for the single state Medicaid agency to calculate contribution to cost of care, Maryland's Eligibility Determination Division (EDD) will continue to calculate contribution to cost of care and reduce Medicaid claims. However, for the short-term, in order to support operational processes, providers will continue to calculate and collect contribution to cost of care for optionally eligible individuals, using the new CTC form in PCIS2. PCIS2 will resolve any discrepancies between the amount calculated by PCIS2 and the amount calculated by EDD by choosing the lower of the two to be the individual's contribution to cost of care. As a long term solution, the DDA plans to eliminate the provider's responsibility for the calculation of contribution to cost of care sometime in the future, and EDD's calculation of CTC will become the contribution amount upon which provider payments and Medicaid claims will be based.

UNCOLLECTIBLE CTC FUNDS

Prior year uncollectible funds may now be reported on a provider's cost report for reimbursement by the DDA through the end of the year reconciliation. To substantiate uncollectible funds, the provider should maintain documentation to demonstrate concerted attempts to collect funds from the individual and the refusal or lack of funding for the individual to pay the provider. Providers should submit any evidence they believe substantiates reimbursement of cost of care to the DDA. DDA will determine whether to approve reimbursement of cost of care for each submitted claim. Documentation includes but is not limited to the following:

- Communication to/from the individual's representative payee
- Communication to/from the Social Security Administration
- Communication to/from the individual's family or advocates

An updated cost report format will be published and distributed for reporting these uncollectible funds at the end of state fiscal year 2014.

PCIS2 CTC FORM INSTRUCTIONS

TIMELINE TO COMPLETE CTC FORM

Providers will need to review the monthly contribution to cost of care calculation for each optionally eligible individual in PCIS2. EDD calculates CTC prospectively; therefore, to align with how EDD calculates and applies cost of care, providers will need to calculate CTC prospectively. Information (income and medical and remedial care expenses) sent to EDD should be entered into the CTC form for the month following when it was sent. Providers will have until the end of each month to complete and/or edit an individual’s contribution to cost of care for that month. It is important to note that the dates of receipts for expenses and salary information do not need to align with the month CTC is being calculated. As an example:

- CTC for the month of August:
 - Collect all income and deduction data up until July 31st
 - Complete reporting forms and mail information to EDD by July 31st
 - If you receive a medical receipt in July with a date of March, include that amount
 - Provider’s may enter the information sent to EDD for August CTC until August 31st

ACCESSING THE FORM

Please do the following to access the PCIS2 CTC form:

- PCIS2 module: “Consumer”
- Tab: “Main”

- Click “Search Consumer” button
- Enter search parameters
- Click “View”
- Click “CTC FY15 and Forward” button

- Click the “View” icon on a contribution to care to see details

PCIS2 CONTRIBUTION TO COST OF CARE SCREENSHOTS

CTC form displays will differ based on eligibility category. Since categorically eligible and ineligible individuals do not contribute to their cost of care, no form exists for them. For optionally eligible individuals, the PCIS2 form will be enabled.

Categorically Eligible Individuals

Name: A YC1AAD7 Consumer #: XXX-XX-
Start Month/Year: 03/2014
End Month/Year: 05/2014
Waiver Coverage Group: S02
Eligibility Category: Categorically Eligible

EDD Cost of Care Calculation Amount:
Contribution to Care: 0

[Go back](#)

Last modified by DDA_IT on 06/02/2014 13:46:38.

Ineligible Individuals

Name: A 239Z- Consumer #: XXX-XX-
Start Month/Year: 03/2014
End Month/Year: 05/2014
Waiver Coverage Group: Non-waiver
Eligibility Category: Ineligible

EDD Cost of Care Calculation Amount:
Contribution to Care: 0

[Go back](#)

Last modified by DDA_IT on 06/02/2014 13:49:02.

Optionally Eligible Individuals

The instructions for completing this form are in the following section.

Name: A YC5392 Consumer #: XXX-XX-
Start Month/Year: 07/2014
End Month/Year:
Waiver Coverage Group: H01
Eligibility Category: Optionally Eligible

1. Social Security Income (SSI): 0 Is this correct SSI? ☒ Yes
2. Social Security Disability Insurance (SSDI): 300
3. Veteran's Benefits: 0
4. Pension: 0
5. Other Unearned Income: 200 Source: Dividends and interest
6. Total Unearned Income: 500
7. Total Earned Income: 585
8. Total Income: 1085

9. Current SSI FBR: 721
10. Earned Income Deduction: 335
11. Individual Maintenance Allowance: 1056
12. Dependents: 0
13. Family Maintenance Allowance: 0
14. Medical and Remedial Care Expense Cost: 40

Description	Vendor	Date	Cost	Recurring	Modify
Monthly Medical Expenses	CVS	06/11/2014	40	Y	View
					Add

15. Total Deductions: 1096
16. PCIS2 Cost of Care Calculation Amount: 0
17. EDD Cost of Care Calculation Amount: 106
Contribution to Care: 0

[Save](#) [Go back](#) [Calculate](#) [Create New CTC form](#)

Last modified by testcc on 06/13/2014 12:11:00.

CTC FORM INSTRUCTIONS

The table below outlines the new field titles, definitions, calculations and allowable units necessary to arrive at the amount of income a participant must contribute to their cost of care.

Line #	Line Title	Description	Allowable Values	Calculation
1	Social Security Income (SSI)	Enter the monthly Supplemental Security Income payment on this line. SSI eligibility requires that an individual must have limited income and resources as well as meeting certain disability and residency requirements. SSI pays a standard monthly benefit which can vary as a result of	Input >= 0	

		deductions required by law		
2	Social Security Disability Insurance (SSDI)	Enter the monthly Social Security Disability Insurance payment on this line. SSDI is similar to a disability insurance policy. The SSDI benefit is calculated on the individual's past earnings resulting in different payments to different individuals. The amount paid into the program through Social Security (FICA) taxes is the basis for monthly payments and is correlated with the lifetime earnings of the eligible individual	Input > = 0	
3	Veterans Benefits	On this line, enter the monthly benefit received by an individual who qualifies as an "eligible person" to receive either pension or compensation payments upon the death of a veteran of the armed forces. An eligible person is defined as the surviving spouse, child, parent, or substitute claimant of the deceased veteran	Input > = 0	
4	Pension	Enter the monthly pension allowance received from a defined benefit plan or a defined contribution plan on this line. The individual may be the actual owner or the recipient beneficiary of such plans. A defined benefit plan pays out a fixed monthly amount based upon salary and years of service. A defined contribution plan typically consists of contributions from both the employer and employee. Examples of these plans include, but are not limited to a 401(k) and a 457 (Deferred Compensation) plan. The monthly allowance is not fixed and payments are not guaranteed	Input > = 0	
5	Other Unearned Income	Enter the monthly amount received from additional unearned income on this line. The source of income must be maintained and sent to EDD. Examples: a) Worker's compensation b) Certain insurance proceeds and death benefits c) Inheritances d) Dividends and interest e) Rental income and royalties f) Prizes, awards, and gambling proceeds g) Awards for punitive and non-physical damages to an individual If there are multiple sources of income, input the total and describe the makeup of that amount	Input > = 0	
6	Total Unearned Income	PCIS2 will automatically calculate and populate this field	Output > = 0	This is equal to the total of all unearned income = Line 1+2+3+4+5

7	Total Earned Income	On this line, enter total of any compensation for work performed. This includes, but is not limited to wages, salaries, tips, commissions, bonuses, and self-employment income	Input > = 0	
8	Total Income	PCIS2 will automatically calculate and populate this field	Output > = 0	This is equal to Total Unearned Income plus Total Earned Income = Line 6+7
9	Current SSI FBR	PCIS2 will automatically populate this field	Output = current SSI FBR	This is the current Social Security Income Federal Benefit Rate (SSI FBR)
10	Earned Income Deduction	PCIS2 will automatically calculate and populate this field	Output > = 0	This is equal to applying an \$85 Earned Income Disregard to Total Earned Income plus half of the remainder of Total Earned Income <ul style="list-style-type: none"> • If Line 7=\$0, then Line 10 = \$0 • If Line 7>\$0 and Line 7<=\$85, then Line 10 = Line 7 • If Line 7>\$85, then Line 10 = \$85 + (Line 7-\$85)/2
11	Individual Maintenance Allowance	PCIS2 will automatically calculate and populate this field	Output > = 0	This will be the total of the Current SSI FBR and the Retained Earnings = Line 9+10
12	Dependents	Enter the number of participant's dependents. (Not including the individual)	Positive Integers	
13	Family Maintenance Allowance	PCIS2 will automatically calculate and populate this field	Output = current medically needy income standards	The current medically needy income standard established under § 435.811 for a family of the same size reported in the Dependents field
14	Medical and Remedial Care Expenses	<p>Amounts for incurred expenses for medical or remedial care that are not subject to payment by a third party, including</p> <ul style="list-style-type: none"> • Medicare and other health insurance premiums, deductibles, or coinsurance charges; and • Necessary medical or remedial care recognized under State law but not covered under the State's Medicaid plan, subject to reasonable limits the agency may establish on amounts of these expenses • The State of Maryland will exclude expenses older than three months prior to the month of application for initiation of services <p>Receipts associated with medical and remedial care deductions should be sent to EDD</p>	Input > = 0	
15	Total Deductions	PCIS2 will automatically calculate and populate this field	Output > = 0	This is equal to the individual maintenance allowance, plus the

				family maintenance allowance, plus medical and remedial care expenses = Line 11+13+14
16	PCIS2 Cost of Care Calculation Amount	PCIS2 will automatically calculate and populate this field	Output > = 0	This is equal to the remainder if any of income after total deductions = Line 8-15
17	EDD Cost of Care Calculation Amount	PCIS2 will automatically populate this field	Output > = 0	This is cost of care amount calculated by Maryland's Eligibility Determination Division
18	Contribution to Care	PCIS2 will automatically calculate and populate this field. This is the amount that the individual owes as their cost of care	Output > = 0	<ul style="list-style-type: none"> If Line 16 = < Line 17, then Line 18 = Line 16 If Line 17= < Line 16, then Line 18 = Line 17

REPORTS

Reports showing the monthly CTC for each individual and their eligibility category, since the beginning of the state fiscal year, will be available to providers in PCIS2. To view and download do to the following:

- PCIS2 module: "Reports"

Consumer Rates Budget Contracts Provider Attendance Payments Reports MMS Q.A R.C

You have 0 Workflows and 0 Notifications since 06/20/2014 at 11:26 AM. Refresh Count

Reports Main Menu

Report Categories: *

Available Reports: * Choose A Report Category First

Submit Query Cancel

- Reports category: Choose "Consumer"
- Available Reports: Choose "Contribution to Care"
- Enter search parameters
- Click "Submit Query" button

Contribution, Test

You have 0 Workflows and 0 Notifications since 06/20/2014 at 11:26 AM Refresh Count

Home Logout

Contribution to care Listing													
SSN	Last Name	First Name	Site	DOB	Waiver contract group	Eligibility category	Month	Year	CTC Amount	Source	CTC changed by EDO retroactively	CTC changed date	Contribution ID
					S02	Categorically Eligible	07	2014	N/A		N		8308
					S02	Categorically Eligible	07	2014	N/A		N		8408
					S02	Categorically Eligible	07	2014	N/A		N		8341
					S02	Categorically Eligible	07	2014	N/A		N		8881
					H01	Optionally Eligible	07	2014	30	POB2	N		11063
					S02	Categorically Eligible	07	2014	N/A		N		7120
					Non-waiver	Ineligible	07	2014	N/A		N		11057
					S02	Categorically Eligible	07	2014	N/A		N		8828
					S02	Categorically Eligible	07	2014	N/A		N		8409
					S02	Categorically Eligible	07	2014	N/A		N		8779
					H01	Optionally Eligible	07	2014	30	POB2	N		11059
					Non-waiver	Ineligible	07	2014	N/A		N		7079
					S02	Categorically Eligible	07	2014	N/A		N		8194
					S02	Categorically Eligible	07	2014	N/A		N		11063
					Non-waiver	Ineligible	07	2014	N/A		N		5820
Total Number of Records: 46													
1238													
Done Print To File													

All Query Criteria

Multi-Sort

Sort by

Last Name

Ascending

Descending

Then by

Ascending

Descending

Then by

Ascending

Descending

Sort

Reset

- To download an excel file click “Print to File”

Request for Non-Covered Services

To: Office of Eligibility Services
 Department of Health and Mental Hygiene
 201 West Preston St, Room SS-10
 Baltimore, Maryland 21201-2399

From: _____ County Department of Social Services

Date _____

Please include the following information:

Case Manager _____

Contact Number _____

Jurisdiction _____

Case Name _____

Client ID/MA Number _____

Application Date _____

Current Certification Period _____

Retro Period (if applicable) _____

Type of Expense (place a check mark next to appropriate type)

- _____ Dental Bill
- _____ Hearing Aid Bill
- _____ Vision Bill
- _____ Podiatry
- _____ Nursing Home Bill
- _____ Months being requested _____
- _____ Other (please specify) _____

MARYLAND DEPARTMENT OF HUMAN RESOURCES
FAMILY INVESTMENT ADMINISTRATION
CHANGE REPORT FORM

Date Received (Agency use only)

LDSS Office	Programs receiving	AU ID #s
Case Manager's Name		
Your Name (Last, First, Middle)	Home Telephone	Work Telephone
Where do you live? (Number and Street)	Apt. #	City
		State
		Zip Code
Your Social Security Number	Your Date of Birth	

What language do you speak? ☐ English ☐ Spanish ☐ Other _____
If you do not speak English and need free translation services, call your case manager or call 1-800-332-6347.

PART 1: REPORTING SOMEONE WHO HAS LEFT OR JOINED THE FAMILY

Remove: _____ Birth Date: _____ How Related to you: _____
Reason for removing? _____
New Person: _____ Birth Date: _____ How Related to you: _____
Social Security # _____ Is This Person a U.S. Citizen? ☐ Yes ☐ No

If adding a child under 18, please complete the following:

Name of Mother: _____ Name of Father: _____
Address: _____ Address: _____
Are you willing to take support action against any parent of that child who is not living in the home? ☐ Yes ☐ No

PART 2: REPORTING A CHANGE OF ADDRESS AND/OR SHELTER COST

New Address: _____ Apartment #: _____ City: _____
State: _____ Zip Code: _____ Date of Move: _____ Public Housing? ☐ Yes ☐ No Section 8? ☐ Yes ☐ No
Mailing Address (if different) _____
Is anyone in your household paying for any of the following? Check all those paid and answer the questions.

<input checked="" type="checkbox"/>	Expenses	Amount	How Often?	Who Pays?	<input checked="" type="checkbox"/>	Expenses	Amount	How Often?	Who Pays?
	Rent					Water			
	Mortgage					Sewer			
	Electric					Garbage			
	Gas					Wood/Coal			
	Oil					Property Tax			
	Coop/Condo/ Assoc. fees					Homeowner's insurance			
	Telephone					Other			

Is heat included in your rent? ☐ Yes ☐ No Do you pay an electric bill for lights or cooking? ☐ Yes ☐ No
If heat is not included in the rent, what is your source of heat? _____ Do you pay for air conditioning? ☐ Yes ☐ No
Does someone help you with your utility costs? ☐ Yes ☐ No If yes, who? _____
Are you sharing any of the shelter costs listed above? ☐ Yes ☐ No If yes, with whom? _____ Your share? _____
Have you received Energy Assistance at your current address within the past 12 months? ☐ Yes ☐ No
Are you living with other people who are not on your grant? ☐ Yes ☐ No If yes, who? _____
Do you purchase your meals separately from these other people? ☐ Yes ☐ No

PART 3: REPORTING A CHANGE IN ASSETS

I now have: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Report assets below for Medical Assistance only: <input type="checkbox"/> Life Insurance <input type="checkbox"/> Trust Fund <input type="checkbox"/> Property <input type="checkbox"/> Accident Settlement <input type="checkbox"/> Stocks/Bond <input type="checkbox"/> Other Assets _____ Amount or value of asset(s): _____	I no longer have: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Report assets below for Medical Assistance only: <input type="checkbox"/> Life Insurance <input type="checkbox"/> Trust Fund <input type="checkbox"/> Property <input type="checkbox"/> Accident Settlement <input type="checkbox"/> Stocks/Bond <input type="checkbox"/> Other Assets _____ Amount or value of asset(s): _____
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